

# Best Available Copy

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)

SERIAL NO.

FILING DATE

APPLICANT

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.	NO.	DEF.	
1	1							61						
2								62						
3								63						
4								64						
5								65	1					
6								66						
7								67						
8								68						
9								69						
10								70						
11								71						
12								72						
13								73						
14								74						
15								75						
16								76						
17								77						
18								78						
19								79						
20								80						
21								81						
22								82						
23								83	1					
24								84						
25								85						
26								86						
27								87						
28								88						
29								89						
30								90						
31								91						
32	1							92						
33								93						
34								94						
35								95						
36								96						
37								97						
38								98						
39								99	1					
40								100						
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
TOTAL NO.								TOTAL NO.	5					
TOTAL DEF.								TOTAL DEF.	94					
TOTAL								TOTAL	99					